

Morland House Surgery Patient Participation Group (PPG) minutes FINAL

Date 25th February 2021

Present

Charles Peers (CP) *Chairman*
Nollag McGrath (NMG) *Practice Manger*
Dr. Anthony Harnden (AH) *Practice Partner*
Martin Harris (MH) *Secretary*
Janet Carr (JC)
Judith Alden (JA)
Monica Waud (MW)
Freda Duckmanton (FD)
Ann Wild (AW)
Peter Greenhalgh (PG)
Ian Dennis (ID)
Meg Barbour (MB)

1. Apologies for absence received: Sarah Walton.

NMG asked that item **5 a)** in Items for Discussion be dealt with first, so that Dr. Anthony Harnden could leave the meeting after the 30 minutes which he had available on that afternoon.

Items for discussion:

- AH, Deputy Chairman of the government Joint Committee on Vaccination and Immunisation (JCVI), reported on progress of Covid vaccinations in the PCN by thanking everyone who had contributed. Vaccinations were being started for people in priority groups 5 and 6. The Surgery was the designated vaccination centre for all the GP Practices in our PCN. AH was grateful to the patient volunteers who had helped e.g parking.

AH clarified the two routes for vaccine delivery programme are Surgery and Kassam Stadium. Patients may be asked to either vaccination centre. NMG confirmed that after all group 5/6 (including a large population aged 65-70 years old) had been vaccinated. The surgery would check all registered patients in those groups had been vaccinated at either vaccination centres. AH confirmed that each patient's risk profile is examined individually.

- NMG expected that a batch of vaccines would arrive on 15th March for 2nd doses and the Practice invite patients. AH stated we would need to deal with Covid as an endemic virus, with various of mutants requiring annual top-up vaccination.

AH stated the 5 types of vaccines approved by the NHS: AstraZenica, Pfizer, Valneva, Novavax and Moderna, all work in different ways, and may be used selectively to combat specific future mutations of the virus.

AH said that structuring the roll-out of vaccinations according to age groups was more efficient.

- MW asked AH how patients not using electronic communications be helped to access NHS services. AH confirmed that this problem had been recognised, and he would envisage a blend of face-to-face GP consultations with virtual ones, by video link. MH asked AH if the Practice had Plan B in place

should there be a surge in Covid infection in October. AH replied that would depend on the level of immunity achieved in the population by that time.

- JC asked what should be interpreted from a letter from the NHS re-classifying someone as being very vulnerable from Covid-19, and in need of urgent vaccination. AH re-assured her that this initiative by NHS has caused unnecessary anxiety.
- AH concluded by saying how grateful he was for the support received from the PPG and from hearing our very favourable assessment of all the services provided in Morland House.

2. Minutes from the PPG meeting held on 1st October 2020:

- These Minutes were pre-circulated and approved at the meeting, where they were signed by CP.
- **3. Matters arising from the last meeting.** MH observed that one of the hyperlinks provided in the Minutes for 1st October is now superseded. He offered the link to the official Public Health England fully inter-active map at <https://coronavirus.data.gov.uk/details/interactive-map> which shows variations in the level of Covid infection within the Morland House Surgery catchment area.

4. SELF Forum – a report by Monica Waud

“SELF met on 11.2.21. with Dr. Ed Capo Bianco from OCCG.

- **Ear wax microsuction** - ear-wax removal has effectively been privatized. Few GPs in Oxfordshire still provide it because it is not in the GP GMS contract. It could potentially be commissioned but OCCG do not do so. It is relatively cheap and gives a huge gain to well-being. This is my opinion. SELF has collected patient stories and would like more. I can give the contact email for the person coordinating this if anyone would like to give feedback. Morland House Surgery has provided ear irrigation services (not microsuction) for those patients requiring it on request before a clinical procedure. Due to the nature of the procedure (micro droplets of water being sprayed) – the service has stopped. Patients are given details of a local facility in Wheatley if they are not eligible or do not wish to go to the OUH for this service. *The facility charges £90.*
- **Surveys** - Some PPGs carry out patient surveys and SELF agreed that it would be a good idea to have someone from Wargrave give us a talk on surveys.
- **Social Prescribing** - Representatives from PCN covering Wheatley agreed that we would find out how social prescribing was operating and report back.
- **Patient representation** - Ongoing concern about how the patient voice is currently operating now that Healthwatch have the contract to support PPGs and liaise with the commissioners. SELF’s chair to ask Healthwatch to join a SELF zoom meeting to discuss. Dr Ed Capo Bianco to obtain brief given by OCCG to Healthwatch in relation to its role.”
- NMG added that Age Concern were able to establish personal contact with the Practice for vulnerable patients by checking up on them regularly and collecting medicines. Any member of the Practice staff can arrange for a vulnerable patient to be contacted by a Social Prescriber. After her personal contact with a Social Prescriber, MB endorsed the view that Social Prescribing is working well.

Items for Discussion (continued)

5. a) The status of the Covid vaccination programme had been fully explored in earlier the discussion with AH, but NMG re-confirmed that any vaccinations delivered to Morland House patients at other vaccination centres are also added to the Morland House data base, so no one is missed.

NMG also reported that the Surgery has recently needed to replace its ECG machine, with a new one now delivered, which will be in use from 26th February.

5. b) NMG reported that a local builder has been working to schedule on **the conversion of the Barn**, target date, September. Practice Partners, together with an independent Pharmacist, bought a Mid-Counties Co-op Pharmacy in Wheatley to move to Morland House, providing an on-site facility. The dispensary function will remain. The pharmacy site on Wheatley High Street will ultimately close. The development will create more space for the Practice and should not increase parking on site. In the future, GP's will use a blend of face-to-face, video and telephone consultations which may ease parking. (the vicarage kindly agreed to staff parking during covid vaccination clinics, no parking available for patients). The side gate to the site will not remain open as it is not a Public Right of Way. A query from JC about the possibility of queuing for repeat prescriptions, NMG said that more prescribed medicines can be delivered as part of the new Pharmacy/Dispensary services.

5.c) The new 60-bed care home is under construction in Park Hill by the Order of St. John's Trust. MB considered St. John's Trust a responsible operator. CP stated scope for agreeing shared services/ shared accommodation with the Practice and agreed for the PPG to contact St. John's Trust. MH, NMG and CP, met with building developers. It was felt the OCCG would require the new nursing home to contribute only a small proportion of the actual costs of the care home's requirements for GP's services. This outlined in the new GP contract detailing enhanced GP services for nursing homes/care homes. NMG confirmed that the care home will contribute towards additional costs of providing Primary Care for one year. Some services could be supplied locally. With goodwill, a system of working together with the care home will be developed. Early liaison beneficial with St. John's Trust to lay the foundations for this.

PG asked if the Practice would cope with 350 new homes to be built on the Oxford Brookes site at Holton. (MH notes: *The site allocation in SODC's Local Plan 2035 is for 500 new homes, implying an additional 1,200 new residents within the Practice catchment area from this site.*) NMG states the new occupants will include a proportion of 30–40-year-olds with families, with the new population increasing progressively. The OCCG will allocate some funds for expanded Primary Care services. CP expressed his concern that such housing schemes were often approved without preliminary consultation directly with GP Practices, a view shared by MH.

5.d) Ways of working for the PPG. PG would like more information provided to the parishes in the catchment area, perhaps a Practice Newsletter. NMG feels that the Practice website should be regarded as the main source of information for patients. PG to produce news items posted on the Practice website to be sent to parish magazines. NMG agreed. NMG stated that posting the same information on another website, not controlled by the Practice, may not be beneficial. PG suggested due to pressure on the Practice during the Covid pandemic, there may be scope for additional news items including a focus for fundraising by the PPG, but this would not be promoted initially via the parish magazines.

CP suggested the PPG might consider some fundraising together with the new care home. NMG stated any future fundraising could be related to providing services for the new care home, so an initiative could be started for raising funds a year in advance of the projected opening of the care home in September 2022. JC would like to see the prospects for this explored further at the next PPG meeting.

6. AOB

There were no further substantial items raised for discussion.

7. A date was set in the meeting for the next PPG meeting to be held by Zoom (provisionally on Thursday 27th May 2021 3.00 pm), but subsequent to the meeting, this has been carried forward to Thursday 1st July at 3.00 pm, subject to confirmation.